
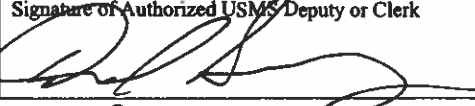


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|---|---|---|
| PLAINTIFF <i>Litepanels, LTD And Vivendum Production Solutions, Inc.</i> | | COURT CASE NUMBER <i>2:24-mc-00053</i> |
| DEFENDANT <i>GUM PHOTOGRAPHIC EQUIPMENT, INC.</i> | | TYPE OF PROCESS <i>WRIT OF EXECUTION</i> |
| SERVE AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>GUM PHOTOGRAPHIC EQUIPMENT, INC.</i> | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>12285 McNULTY ROAD, UNIT 5 aka #105 aka BAY 105, Philadelphia, PA</i> | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>Phillip D. Berger, Esq. - BERGER LAW GROUP PC 919 CONESTOGA ROAD, BUILDING 3, SUITE 114 BRYN MAWR PA 19010</i> | | Number of process to be served with this Form 285 <i>1</i> |
| | | Number of parties to be served in this case <i>1</i> |
| | | Check for service on U.S.A. <i>\$ 2,000.00</i> |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | |

| | | | |
|---|---|---|-------------------------|
| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER <i>610-668-0774</i> | DATE <i>10/23/24</i> |
|---|---|---|-------------------------|


SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|---------------------------------|------------------------------------|--|-------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process <i>1</i> | District of Origin No. _____ | District to Serve No. <i>66</i> | Signature of Authorized USMS Deputy or Clerk  | Date <i>10/16/24</i> |
|---|---------------------------|---------------------------------|------------------------------------|--|-------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | | |
|--|-------------------------|---|
| Name and title of individual served (if not shown above) | Date <i>10/30/24</i> | Time <i>10:00</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm |
|--|-------------------------|---|

| | |
|--|--|
| Address (complete only different than shown above) | Signature of U.S. Marshal or Deputy  |
|--|--|

| | | | | | |
|-------------|---|----------------|---------------|------------------|---|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
|-------------|---|----------------|---------------|------------------|---|

REMARKS
*2 Deputies x 3 HRS x 65.00/hr = 390.00
2 Deputies x 4.5 HRS x 65.00/hr = 585.00
Mileage 4 Vehicles 34 miles R/T x .67 = 91.12
Total Service Fee *1,066.12**